FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

MYS 133008

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

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OMB Number:

3235-0076

April 30, 2003 Expires: Estimated average burden

hours per response...... 16.000

SEC USE ONLY						
Prefix	_	Serial				
	DATE R	ECEIVED				
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po	
Name of Offering ((A), check if this is an amendment and name has changed, and indicate change.)	
Private Placement of Membership Interests in Atlantic 3350, LLC	
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☐ Rule 506	Section 4(6) THOE
Type of Filing: ☐ New Filing ☐ Amendment	
	;
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of the Issuer (check if this is an amendment and name has changed, and indicate change.)	08040853
Atlantic 3350, LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Alex Code)
1132 KANE CONCOURSE 2ND FLOOR, MIAMI FL 33154 US	786-522-7700
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices) Same	Same
Brief Description of Business	
Leading provider of sensor and communications technologies for location tracking and condition mon	itoring
Type of Business Organization	
☐ corporation ☐ limited partnership, already formed ☑ other (please specify): Li	mited Liability Company
business trust limited partnership, to be formed	1 1100E22ED
Month Year	- MAD 0 0
Actual or Estimated Date of Incorporation or Organization: 02 2008 🖾 Actua	al ☐ Estimated / MAR 2 0 2008
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: Fl	/ /
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
GENERAL INSTRUCTIONS	MILE FINANCIAL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6/02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

	A. BASIC IDENTIFICATION DATA									
2. H	 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and 									
_•	Each general and managing partner of partnership issuers.									
Che	ck Box(es) that Apply:	☐ Promoter	Manager	Executive Officer	☐ Director	General and/or Managing Partner				
Full	Name (Last name first, if	individual)								
AT	LANTIC MANAGER,	LLC								
Bus	iness or Residence Addres	ss (Numbe	r and Street, City, State, Z	Cip Code)						
113	32 KANE CONCOUR	SE 2ND FLOO	R, MIAMI FL 33154	US						
Che	ck Box(es) that Apply:	Promoter	☑ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner				
Full	Name (Last name first, if	individual)								
<u>Por</u>	npetro Investments, Inc.				 .					
	iness or Residence Addres		r and Street, City, State, Z	Zip Code)						
	51 NE 29th Avenue, Suite									
Che	ck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner				
Full	Name (Last name first, if	individual)								
<u>Por</u>	npano Frao Investments	, Inc.								
	iness or Residence Addres			(ip Code)						
188	51 NE 29th Avenue, Suite	e 900, Aventura, I	FL 33180							
Che	ck Box(es) that Apply:	Promoter	⊠ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner				
	Name (Last name first, if npano Santos Investmen									
Bus	iness or Residence Addre	ss Numbe	r and Street, City, State, 2	Zip Code)						
188	51 NE 29 th Avenue, Suite	e 900, Aventura,	FL 33180							
Che	ck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner				
Ful	Name (Last name first, if	individual)	-							
	orado Fund, LLC									
	iness or Residence Addre		r and Street, City, State, 2	Cip Code)						
	Brazos Street, Suite 100									
Che	ck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner				
Full	Name (Last name first, if	individual)								
_Cha	iteaux Park, LLC									
	iness or Residence Addre 1 Harbor Point Circle, V		r and Street, City, State, 2	Cip Code)						
	ck Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner				
Ful	Name (Last name first, if	findividual)		,						
Bus	iness or Residence Addre	ss (Numbe	r and Street, City, State, 2	Lip Code)		· · · · · · · · · · · · · · · · · · ·				

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				В	INFORMA	TION ABOU	JT OFFERI	NG			-	
1. Has the	issuer sold, o	or does the iss	uer intend to	sell, to non-a	ccredited inve	estors in this	offering?			***************************************	Yes	No ⊠
				Answer a	lso in Appen	dix, Column	2, if filing und	der ULOE.			_	_
2. What is	the minimun	n investment	that will be ac	cepted from	any individua	վ?					\$ Not A	pplicable
3. Does th	Does the offering permit joint ownership of a single unit?										Yes	No
												\boxtimes
remun agent (the informati eration for so of a broker or isted are asso	licitation of p dealer regist	ourchasers in ered with the	connection w SEC and/or v	ith sales of so with a state or	ecurities in the r states, list th	ie offering. It ie name of the	f a person to e broker or de	be listed is an ealer. If more	n associated p	erson or	
Full Name	(Last name f	irst, if individ	ual)									
None												
Business o	r Residence /	Address (Num	ber and Stree	t, City, State,	Zip Code)							
N/A												
Name of A	ssociated Bro	ker or Dealer	1									
N/A												
	hich Person										_	
	k "All States"	_										l States
	[AK]	[AZ] 🗌	[AR] 🔲	[CA]	[CO]	[CT]			[FL]	[GA] □ [MN]□	[HI]	
(IL) □ [MT]□	[IN] □ [NE] □	(IA) (NV)	(KS) □ [NH]□	(KY) □ (NJ) □	[LA] □ [NM]□	[ME] □ [NY] □	[MD]□ [NC]□	[MA] 🗌 [ND] 🔲	[MI]		[MS] □ [OR] □	[MO]□ [PA] □
[RI]			[TN]	[TX]		(VT)	[VA]	[WA]□	[WV]	(WI)	[WY]	[PR]
	(Last name f				· · ·							
None												
Business o	r Residence A	Address (Num	ber and Stree	t, City, State,	Zip Code)							
N/A												
Name of A	ssociated Bro	ker or Dealer	•									
N/A							- 10					
	hich Person											
•	k "All States"			•								I States
[AL] [[AK] 🗌	[AZ] 🗌	[AR] 🗌	[CA]		(CT)	[DE]		[FL]	[GA] □	[HI] []	
(IL) □ (MT)□	(IN) □	[IA] [] [NV] []	(KS) □ [NH]□	[KY] 🔲	[LA] □ [NM]□	[ME] □ [NY] □	[MD] □ [NC] □	[MA]□ [ND]□	(MI) □ (OH) □	[MN]□ [OK]□	[MS] □ [OR] □	[MO]□ [PA] □
(RI)			[TN]	[TX]				[WA]	[WV]			
	(Last name fi			,,								
None												
	r Residence A	ddress (Num	ber and Stree	t, City, State,	Zip Code)							
NUA				-								
N/A Name of A	ssociated Bro	ker or Dealer	,									
N/A												
	/hich Person l k "All States'					14+14+14+14+14+14+14+14+14+14+14+14+14+1					🔲 All	States
	[AK]	[AZ] 🔲	[AR] 🔲	[CA]	[CO] 🗆	(CT)	(DE] 🗆	[DC]	[FL]	[GA] 🗆	(HI) 🗆	[ID] 🗀
	[IN]	[IA] 🔲	[KS] 🗌	[KY] 🗌	[LA] 🗌	[ME]□	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] 🔲	[NE] 🗌	[NV] 🗌	[NH]	[NJ] 🔲	[NM]	[NY]	[NC] 🗌	[ND]	[OH]	[OK] □	(OR)	[PA] 🔲
[RI] 🔲	[SC] 🔲	[SD] □	[TN]	[TX] 🗌	[UT] 🗌	[VT] 🔲	[VA] 🔲	[WA]□	[WV]□	[WI] 🔲	[WY]□	[PR] 🗌

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1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering,			
	check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	2	Amount Already Sold
	Debt	\$ <u>4,800,000</u>		\$ <u>4,800,000</u>
	Equity	\$ <u>0</u>		\$ 0
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	\$ <u>0</u>		\$ 0
	Partnership Interests.	\$ <u>0</u>	_	\$ <u>0</u>
	Other (Specify) Membership Interests	\$ 4,800,000		\$ 4,800,000
	Total	\$ <u>4,800,000</u>	_	\$ <u>4,800,000</u>
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	8		\$ <u>4,800,000</u>
	Non-accredited Investors	0	_	\$0
	Total (for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.			
	T	Type of		Dollar Amount
	Type of offering	Security		Sold
	Rule 505		_	3
	Regulation A		_	\$
	Rule 504			\$
	Total		_	2
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$
	Printing and Engraving Costs			\$
	Legal Fees		\boxtimes	\$ <u>30,000</u>
	Accounting Fees			\$
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)			\$

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

\$ 30,000

Other Expenses (identify)

	C. OFFERING FRICE, NOM	BER OF HAVESTORS, EXTENSES AND USE	7. 1.	NOCEEDS		
,	b.Enter the difference between the aggregate offering 1 and total expenses furnished in response to Part "adjusted gross proceeds to the issuer."	C - Question 4.a. This difference is the				\$ 4,770,000
5.	Indicate below the amount of the adjusted gross pro- used for each of the purposes shown. If the amount estimate and check the box to the left of the estimate, the adjusted gross proceeds to the issuer set forth in re-	t for any purpose in not known, furnish an The total of the payment listed must equal				
				Payments Officers Directors, Affiliate	&	Payments To Others
	Salaries and fees			\$		□ \$
	Purchase of real estate			\$		⊠ \$1,200,000
	Purchase, rental or leasing and installation of mad	chinery and equipment		\$		□ \$
	Construction or leasing of plant buildings and fac-	ilities		\$		S \$3,570,000
	Acquisition of other businesses (including the val offering that may be used in exchange for the assissuer pursuant to a merger)	ets or securities of another		\$		□ \$
	Repayment of indebtedness			\$		□ \$
	Working capital			\$		□ \$
	Other (specify):			\$		\$
	· · · · · · · · · · · · · · · · · · ·			\$		□ \$
	Column Totals			\$		\$ 4,770,000
	Total Payments Listed (column totals added)		_\$ 4,770,000			770,000
		D. FEDERAL SIGNATURE				
sign	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to furnismation furnished by the issuer to any non-accredited in	sh to the U.S. Securities and Exchange Com	missi			
	er (Print or Type)	Signature	-		Date:	
Atl	ntic 3350, LLC			İ	Februa	ry 29, 2008
Nar	ne of Signer (Print or Type)	Title of Signer (Print or Type)				
Xav	ier Capdevielle	Manager				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	·	E. STATE SIGNATURE							
ì.	Is any party described in 17 CFR 230.252(c), (d), (e) or such rule?		_	No ⊠					
	See Appendix, Colo	umn 5, for state response.							
2.	. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.								
3.	3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.								
4.	4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.								
	e issuer has read this notification and knows the content y authorized person.	s to be true and has duly caused this notice to	be signed on its behalf by the unc	lersigned					
	ner (Print or Type)	Signature	Date:						
Atl	antic 3350, LLC		February 29, 2008						
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)							

Manager

Instruction

Xavier Capdevielle

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

FORM D

APPENDIX

1		2	3		5					
	to non-a	I to sell accredited is in State I-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL									<u> </u>	
AK		<u> </u>		·						
AZ									<u> </u>	
AR										
CA									<u> </u>	
СО									<u> </u>	
CT									<u> </u>	
DE									ļ	
DC		37			02.020.710		•		ļ	
FL		X	Membership Units	7	\$3,239,712	0			-	
GA			-				<u> </u>	1	 -	
HI									<u> </u>	
ID								ļ	ļ	
IL IN										
IA								ļ		
KS		<u> </u>	,						-	
KY						-			 	
LA									 	
ME								ļ	1	
MD								 	 -	
MA							<u> </u>			
MI									 	
MN									 	
MS								-	 	
МО										
MT							<u>. </u>			
NE										
NV										
NH			<u> </u>							
NJ										
NM								1		
NY									 	
NC										
ND					•					

FORM D

OH',								
. ок								
OR								
PA								
RI		ı						
SC	<u> </u>							
SD								
TN	<u> </u>							
TX		X	Membership Units	1	\$1,560,288	0		
UT								
VT								-
VA							·	
WA						<u> </u>		
WV								
WI								
WY	<u> </u>							
PR	<u> </u>							

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